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MONTREAL

# Homœopathic Record

DEVOTED TO THE INTERESTS OF HOMŒOPATHY AND OF THE MONTREAL  
HOMŒOPATHIC HOSPITAL.

Vol. VI. No. 10.

MONTREAL, OCTOBER, 1901.

25cts. A YEAR.

## Montreal Homœopathic Record

— PUBLISHED MONTHLY —

By the Woman's Auxiliary of the Montreal  
Homœopathic Hospital.

Communications relating to business and subscriptions to be sent to the Business Manager, care Sterling Publishing Co., 42 Lorne Avenue.

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### VACCINATION AGAIN.

Vaccination has been stopped in Cleveland by order of Health Officer Friedrich. The direct reason is because four fatal cases of tetanus have occurred recently and these fatalities, together with the fact that many people who were vaccinated suffered with very sore arms, led Dr. Friedrich to believe that the vaccine lymph used is impure, contaminated, and unfit for vaccination purposes. The health officer declares that no more people will be vaccinated by the city until the virus used is known to be pure. Dr. Friedrich explains his opinion of vaccination and justifies his decision in the following statement: "I am a firm believer in vaccination, but I would rather have one hundred cases of smallpox than one case of lock jaw, for I could do something for the smallpox patients, but lockjaw is fatal. Some of the virus we get from manufacturers is impure. Nothing is more terrible than a case of tetanus. I remained night and

day with a poor little girl, who had it, at the City Hospital, but nothing could save her."

The above clipping from the "Herald Visitor" would indicate that Dr. Friedrich is neither a good reader nor enquirer else he would not have said "lockjaw is fatal." If Dr. Friedrich had taken the trouble to enquire at the Cook County Hospital, Chicago, he would have found that lockjaw is not necessarily fatal, for it is cured there: by the allopathic physicians occasionally, and by the Homœopaths generally. The Doctor is quite right in shutting down on impure vaccine, and, unless he can procure the clean article, he is quite right also in discontinuing vaccination, but even then he should not despair but go to the Homœopathic pharmacy, procure some malandrinum or variolinum and try their virtues as prophylactics of small-pox. They will probably abort the small-pox, but should they not they will certainly not give the people "lockjaw." And, by the way, the next time the Doctor has a case of "lockjaw" which he considers "fatal," he should send for a good Homœopathic doctor and the chances of recovery, according to the Cook County record, will be 83 p. c. Is it not worth trying, Doctor?

A French writer, Salvant, in *These de Paris*, claims that a cold bath will stop a case of delirium tremens quicker than anything else. "The temperature being reduced, the motor and sensory hyperexcitability usually disappear." Where there is heart disease, however, the treatment is contra-indicated.

## A FEW POINTERS.

Dunham writes: " 'Aconite' is never to be given first to subdue the fever, and then some other remedy 'to meet the case'; never to be alternated with other drugs for the purpose, as is often alleged, of 'controlling the fever.' If the fever be such as to require 'aconite' no other drug is needed. If other drugs seem indicated, one should be sought which meets the fever as well, for many drugs beside 'aconite' produce fever, each of its kind."

Dr. Nash, writing of "arsenicum," says: "In typhoids there is no remedy that prostrates more. 'Carbo veg' and 'muriatic acid' equal it, the difference being that the 'arsenic' patient wants to be moved constantly, while with the other two remedies there is almost utter absence of any such show of life." The "arsenicum" patient is weak out of "all proportion" to the balance of his trouble, and it is of a "general character."

Phosphoric Acid, Stannum and Sulphur:—The weakness complained of calling for either of these remedies is local in character and is confined to the chest.

Phosphorus:—Patient complains of "weakness" in abdomen.

Ignatia, Hydrastis, Sepia:—The "weakness" of these three remedies is complained of as being in the stomach.

Gelsemium. General "weakness" of the muscular system.

Belladonna:—The pains of Belladonna appear suddenly and after a time disappear as suddenly as they came.

Sulphuric Acid:—The pains of Sulphuric Acid begin slowly and decline suddenly.

Lachesis:—One of the best remedies for headaches caused by exposure to heat of sun.

Veratrum viride:—Dr. Nash says: "I once cured a man of a very severe and persistent attack of vomiting, which was aggravated on rising, with this remedy."

Veratrum album:—One word describes the conditions calling for this remedy and that one word is "collapse." "Skin blue, purple, cold, wrinkled, remaining in folds when pinched; face hippocratic, nose pointed; whole body icy cold; skin, face and back cold; hands, feet and legs icy cold; cramps in the calves."

Capsicum: "It is also a good remedy

for dysentery, or the later stages of gonorrhoea, or in throat complaints, when there is great 'burning' in the mucous membrane of the affected part. In short, it is a remedy to be remembered in all affections of mucous membranes in any locality. The characteristic 'burning' is not like that of 'arsenicum,' but feels as if 'red pepper had been applied to the parts': nor is it relieved by heat applied, as is that of 'arsenic.'"

Stannum: "These pains are ameliorated by pressure, like 'colocynth,' so if colocynth fails, which is generally first thought of in abdominal pains relieved by pressure, 'stannum' may relieve, and especially if the attacks have been of long standing or the patient seems to have a chronic tendency thereto."

Lobelia as a local remedy in stricture. Dr. Boskowitz asserts in the "Hom. Recorder," August 15, 1900, that lobelia will cure spasmodic stricture "as it by magic," and in permanent stricture where it is impossible to pass the smallest sound, the difficulty will be overcome after a single application of the drug. He drops into the urethra about fifteen drops of lobelia, then closes the meatus and holds the lobelia in the urethra for a few minutes. He has constantly employed this treatment for several years in cases of stricture and with uniform success. Medical Times.

Gelsemium and Belladonna:—Gelsemium and belladonna are both classed as sedative, antispasmodic and narcotic. Gelsemium, however, is sedative to the cerebro-spinal system, while belladonna is stimulant to it. Gelsemium relaxes; belladonna contracts. The former increases secretion; the latter decreases secretion. Gelsemium relieves delirium; belladonna produces it. Gelsemium is indicated where the face is flushed, the eyes bright, the pupils contracted; when the heat of the head is increased and the patient excited and restless. Belladonna fits the case when the patient is dull and stupid from capillary impairment; when the eyes are dull, not bright, the pupils dilated, not contracted; the skin is red, perhaps dusky, the patient is dull and sleepy, which may lead to coma. When the urinary secretion is free and insipid, belladonna is indicated; while if it is scanty, much colored and heavy, gelsemium is the remedy. Am. Homoeopathist.

BAZAAR.

The Woman's Auxiliary is again coming to the assistance of the Hospital, and intends to hold the annual Bazaar in the Windsor Hall on December 7th, from 2 till 10 o'clock. The indefatigable president, Mrs. J. T. Hagar, has been working hard to secure the success of the undertaking, and with her efficient helpers deserves all the encouragement and assistance the friends of the hospital can give.

The Bazaars given for this Hospital are becoming well known in the city for their attractiveness, variety, and the ready sale for the goods displayed. Good music will be provided and pretty decorations may be expected. The high tea, at six o'clock, will be under the management of the City Union of King's Daughters, assisted by one of the members of the Auxiliary, and every attention will be given those partaking of the good things provided. Afternoon tea, under the management of Mrs. DeForest Smith, with a bevy of attractive young ladies, who will serve ice cream as well as the cheering cup all through the Bazaar.

All the tables have not been finally given in charge, but the following names will indicate that the various lines will be well looked after.

Aprons.—Mrs. J. Sheffield, Mrs. W. Birchall.

Preserved Fruits.—Mrs. A. R. Griffith, Miss Robertson.

Dolls. Mrs. G. S. Wait, Mrs. A. D. Patton.

Ruffles.—Mrs. Gaunt.

Fancy Work. Misses Ames & Baylis.

Toys.—Miss Nichol.

Tree.—Misses Roach & Von Rappard.

Tea Room. Mrs. DeF. Smith, Misses Hagar and friends.

High Tea.—City Union King's Daughters.

Candy.—Mrs. E. M. Morgan, Miss Moodie.

Cake.—Mrs. Munn & Mrs. Binks.

The flower table, lemonade booth and one or two other stalls have yet to be looked after.

Donations of money or goods for any of the tables will be gratefully received and may be sent to Mrs. J. D. Hagar, of the Hospital, till the day of the sale, when they will be received at the Windsor Hall by any of the ladies in charge.

It is hoped there will be a large attendance and generous response to the efforts of the Woman's Auxiliary, to make the financial results the best on record.

DONATIONS IN SEPTEMBER.

The Lady Superintendent acknowledges with many thanks the following donations in kind during the past month:

Mrs. Hebert, 1018 Sherbrooke St.—Dispensary requisites.

Woman's Auxiliary 7 glasses, 6 butter plates, 2 toasters, 3 strainers, 1 egg poacher, 1 soap shaker, 1 tea pot.

Mrs. Henry Birks Basket grapes and musk melon for nurses.

CASH SUBSCRIPTIONS AND DONATIONS.

The Treasurer acknowledges with many thanks the receipt of the following amounts:

Messrs. Mark Fisher Sons & Co.	\$ 100 00
Mr. S. Baylis	5 00
Mrs. S. Baylis	5 00
Mrs. Colley, per Miss Von L.	1 00
Mrs. McMurtrie, per Miss Von L.	1 00

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## CHLOROFORM AND OXYGEN AS A GENERAL ANAESTHETIC.

By T. Drysdale Buchanan, M. D., Former  
Anaesthetist to the Flower Hospital,  
New York City.

My attention was first called to this method of administering chloroform by Dr. Wm. Tod Helmuth, who brought out an apparatus from London six years ago, and has used it in some three hundred cases without a death, although some of the cases were of a desperate character.

After three years' experience anaesthetizing cases for Dr. Helmuth by this method, I have grown so confident of its virtues that I urge its use in all of those cases where I anticipate shock from the operation or danger from the necessary prolongation of anaesthesia.

I know that it has enabled me to anaesthetize and keep anaesthetized many cases that I would have hesitated to submit to any other anaesthetic.

The apparatus consists of a glass wash bottle, a hard rubber hood and two pieces of heavy rubber tube about two and one-half feet long. It can be attached to any tank of oxygen.

Now as to the technique of administration, the patient is given the usual hot bath and enema, and the precautions taken regarding solid food; also false teeth, if there be any, are removed.

The patient may take the dorsal position or that particular position that they take when sleeping.

The oxygen is then turned on gently—it passes through rubber tube, where it escapes into the chloroform, bubbling up through it and carrying with it the vapor of chloroform over into the hood. The anaesthetist now takes the hood, and after holding it to his own face, to be sure the chloroform vapor is not coming through in large enough quantities to irritate, holds the hood about an inch from the patient's face until the patient becomes used to the vapor, when the hood can be brought down until it fits snugly.

From time to time the anaesthetist raises the eyelid until he sees that the pupil is contracted and immobile. The patient is then ready for the knife.

It is entirely unnecessary for the anaesthetist to at any time touch the conjunctiva, for his patient's pupil is a reliable

guide, and by watching it carefully anaesthetists will receive warning of any danger.

A contracted immobile pupil means surgical anaesthesia.

A dilated immobile pupil is a danger signal.

A dilated pupil which responds to light is a hint that more of the anaesthesia is required.

I do not know to whom to give credit for the above suggestion, but it has served me very faithfully in nearly a thousand cases of anaesthesia, for it not only is a guide of scientific anaesthetizing, but as it requires constant attention on the part of the man intrusted with this most important duty, it keeps him from becoming interested in the operation to the detriment of the patient.

After the pupil is contracted the anaesthetist puts his little fingers behind the angle of the jaw and holds it forward, his thumbs hold the hood in position, while with his free fingers he can feel the facial artery.

By this method he knows at every moment the condition of his patient's pulse, and the respiration is easily counted by watching the rise and fall of the feather.

Patients take kindly to the chloroform and oxygen, breathing gently at first until they find it does not irritate them, then the breathing becomes deeper, until they slip off into a quiet sleep, when the anaesthetist can shut off the anaesthetic until the pupil begins to react again.

Alcoholics and extremely nervous people are not so easily anaesthetized by this method, as there is not sufficient chloroform present in the hood at one time to have the desired effect on cases of these classes.

This can be remedied, however, by substituting for the hood an Esmare's chloroform inhaler to which has been soldered a metal catheter.

The rubber tube is attached to catheter, and the vapor thus led in under the gauze, while at the same time chloroform can be dropped on the gauze.

The following reasons are enough to justify surgeons in using this anaesthetic more frequently:

First.—It is so safe.

Second.—It minimizes the amount of anaesthetic necessary, thus minimizing the

shock, from four to five grammes per hour being all the chloroform required.

Third.—It minimizes the post-anaesthesia nausea.

Fourth.—Patients regain consciousness rapidly.

Fifth.—It is contra-indicated in kidney or heart lesions.

Sixth.—The simplicity of the apparatus.

Seventh.—There is no struggling.

Eighth.—Its quickness. From four to seven minutes are all that are necessary to get patients surgically anesthetized.

Ninth.—Its convenience, as it requires no filling of a cone every few minutes.

Tenth.—There is no cyanosis.

Eleventh.—The ease with which the amount of the anaesthetic can be regulated.

Twelfth.—The respiration can be counted easily by the feather.

Thirteenth.—Oxygen is at hand when needed.

Fourteenth.—Can be transported by making use of a tube of compressed oxygen.

As a fifteenth reason I would say that patients who are obliged to use three or four pillows so that they can breathe easily will lie with one pillow under their head and take this anaesthetic.—The Medical Counselor.

### “DEAD EASY,”

Dr. Chapman's recent letters in the Medical World of Philadelphia have attracted much attention, especially “The Evolution of Homœopathy” in the June issue, in which he throws down the gauntlet in an honorable and honest test for therapeutic progress. The challenge has been accepted by the brave Editor of the World and the following case of pneumonia in his letter in the August number is given for prescriptions from physicians of all schools of practice, as a demonstration of a natural law in the therapeutics. Our readers are invited to send their prescriptions, a single remedy only, to the editor

of the Medical World, Philadelphia, who will compile them and publish the results. Every Homœopath guided by the law of similarity should select the same remedy.

THE CASE.—A large robust man, aged 35. Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the right hypochondrium. The sputa became rust colored and very tenacious, adhering to the vessel like glue.

Status præsens (seventh day). Great dyspnoea; must sit well bolstered up in bed. Complains of great tightness of the chest. Cough tight; expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper. Respirations, 50 per minute; temperature, 105; pulse 130, weak and thready. Physical examination reveals hepatization involving nearly the whole of the right lung.

The evident frankness and fairness of this practical test should appeal to every lover of truth who has therapeutic progress at heart, and an honest desire to learn a better way. Dr. Chapman's labors in behalf of pure Homœopathy and his manly and original offer to demonstrate its scientific value in the cause of humanity will commend his work to every true follower of Hahnemann. We trust every reader of the Advance will prescribe for this case. We do not see how any one can make a mistake. The trustees of Hering College are to be congratulated that Dr. Chapman is to occupy a position where his ability as a writer and teacher may be utilized by the profession.—Medical Advance.

The selection of the indicated single remedy, in this case should be a “dead easy” task, as the boys say, for even an amateur, and we hope that every homœopathic physician and student in Colorado will take advantage of this very general invitation and send in their prescription of a single remedy to cover the seventh

# “RADNOR”

Dr. I. R. Kippax, Professor of Medical Jurisprudence in the Chicago Homœopathic Medical College, writes: “Radnor Water is an agreeable and exceedingly pure table water, and surpasses the leading German Waters in therapeutic value.”

day stage as given above; if they are guided by the only law known to the true homœopathic prescriber, there is no question as to the remedy which will be selected by every one. We do not look for a single exception to the selection of—— in this case. Fill in the blank space, please, and forward to the editor of *The Medical World*, Philadelphia; we feel confident that no one will make a mistake in this matter as every one knows the remedy as well as they know their own name — *The Critique*.

### THE VALUE OF DIAGNOSIS IN HOMŒOPATHIC PRACTICE.

“Be sure you are right, then prescribe,” would be a good motto for us all. To be right is more than half that is required in the practice of medicine, and to be right requires more than prescribing on lines of symptomatology. True, many brilliant results follow the exhibition of the “indicated” remedy on purely symptomatic lines; but many obscure cases in which only negative results are secured after the use of the “indicated” remedy result in cures after more care is taken to secure a diagnosis.

Symptoms may oftentimes be misleading, as in reflex conditions. Then, too, organic lesions many times demand something more than the indicated remedy. Surgical interference may prove to be the only means of relief after a proper interpretation of Nature’s pathological symptoms, and a careful diagnosis many times saves valuable time for the patient and embarrassment for the physician.

The effort toward diagnosis never interferes in the selection of the proper remedy, but may be of much assistance to the remedy in its action. Obscure and supposedly incurable cases have more than once been changed into simple ones, and afforded relief after months of prescribing, as soon as the diagnosis was determined. The writer has seen obstinate symptoms, treated for months by careful prescribers, readily clear up after it was found that the case had chronic nephritis. The remedies, formerly used with negative results, acted promptly after measures were taken to lessen the burden of an impaired organ.

Cases of gastro-intestinal trouble have been relieved after countless prescriptions, by examining the stomach contents and remedying the diet to meet the necessities.

In the neurotic symptoms of diabetic cases, how little relief is secured with symptomatic prescribing until the diagnosis is made and the diet outlined.

How much more satisfactory it is in cases of persistent headaches to refer to the Oculist or Gynecologist rather than have to admit our oversight to the family later, or after several months of unsuccessful prescribing.

To reach and maintain the standard in our school of practice that is desired by all of us, the writer believes that diagnosis is absolutely essential. It is at least to our interest to secure the best possible result in the shortest time, and diagnosis is certainly an important factor in this.

The practice of medicine according to Similia is founded upon a principle which approximates an exact science. It would seem inconsistent to neglect so important a factor as diagnosis when we lay so much stress upon totalities. Symptoms are at times overlooked or, as has been already suggested, they may be misleading; hence it would seem necessary to secure a diagnosis before one could be right.

While the symptomatology of a drug is necessary to its successful employment, unless there is a clear interpretation of Nature’s pathological changes as expressed by symptoms both subjective and objective only half of our armamentaria is available. One without the other and homœopathy would be a farce. Since it is necessary to know the pathology (toxicology) of the drug, just so necessary is it to know the pathology (histologically) of the tissue disease, else we are not practicing Similia Similibus Curantur. A picture of the pathology of the disease and the mirrored reflection of the drug pathology should go hand in hand.

Rapid strides have been made in the approximately exact mechanical appliances that are invaluable as aids to the physician in securing a diagnosis. These laboratory appliances have kept close pace with the development of the medical sciences and are materially aiding in the advancement of our methods.

While the writer wishes it plainly understood that he discourages the tendency to arbitrary clinical diagnosis in the laboratory; at the same time no one is doing full justice to his patient nor himself who willfully disregards the aid of laboratory proof in determining lesions for which they are employed to treat.

There is no profession that sustains the responsibility to the community as does that of medicine, and the carelessness or neglect on the part of the physician will invariably cause endless suffering and pain. He must do his best, and to do the best costs much. The simple prescribing of the supposed indicated remedy will never suffice. Go to the bottom, learn the trouble and secure the diagnosis as soon as possible. "Be sure you are right, then prescribe."

#### ANTITOXIN AND HOMŒOPATHY.

Is the treatment of diphtheria with antitoxin in accord with Similia? Some homŒopathic practitioners seem to think it is; but it is generally considered that the remedy is isopathic rather than homŒopathic to this infection. Year by year the antitoxin treatment in diphtheria is used more and more by physicians of all schools, and while some still strenuously oppose its use, the weight of evidence seems to be in its favor.

HomŒopathic physicians have such strong faith in Similia that they would come to generally use antitoxin if it could be shown to act homŒopathically as a curative agent, not that they necessarily have a prejudice against everything that does not cure homŒopathically, but rather that the great curative agents do their work along homŒopathic lines, as they verily believe.

Dr. Charles H. Gatchell of Chicago, well known to the profession as the editor of the Medical Era, and the secretary-elect of the American Institute of HomŒopathy, takes strong ground that antitoxin, whether used subcutaneously or taken internally, cures diphtheria homŒopathically. He brings quite an array of proof in support of his theory. He says: "It has always been to me a matter of wonder that our school has not, as one of its tenets, accepted and promulgated the doctrine early announced by Hahnemann, that the prophylactic action of vaccine

virus in variola is but an exemplification of the law of Similia. Even the members of the dominant school have been quicker to see this than have we." He quotes eminent old school authors who consider the serum-therapy treatment of disease, practically an exemplification of HomŒopathy.

Dr. Gatchell then lays down the following proposition: "The therapeutic action of the antitoxin is an exemplification of the homŒopathic law of cure; it is an instance of the application of a medical substance to the cure of disease according to the indications of Similia." He then goes on to support the proposition with "ascertained facts."

Dr. Gatchell's position does not appear to have been successfully controverted up to this time, three years after his paper, "The Action of the Antitoxins in the Prevention and Cure of Disease" was read before the American Institute at Omaha from which the above quotations are taken. This paper of Dr. Gatchell's was a strong one and apparently has gained credence in our school. It is printed in full in the transactions of the Omaha meeting of 1898. Let the profession give it a general perusal; it is worthy of careful study.

For years I have accepted Dr. Gatchell's theory using the antitoxin subcutaneously in my cases of pronounced diphtheria where the well chosen remedy has not promptly checked the disease, and in every case the results have been all that could be desired.

Whether we accept Dr. Gatchell's theory of the action of antitoxin or not, makes no difference, the fact remains that it does the work when used early enough in the disease, which is generally before the fourth day, and when the quantity used is sufficiently great. And when I make use of the antitoxin in this manner to stay and cure the dread disease, I consider that I am still working along the lines of Similia. May not the method used in

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preparing the serum so change the toxin that it is no longer absolutely isopathic, but comes to be closely homeopathic, well nigh to a veritable similimum? So many homeopathic physicians, as well as some eminent physicians of the old school, would seem to believe. If this be true, then every physician using the serum treatment practically makes use of nature's great law of cure, Similia. B. in The Critique.

**CHRONIC DIARRHOEA CURED BY NUX**  
 VOL. 3.—A woman, 60 years of age, had suffered for five months from chronic diarrhoea; unsuccessfully treated allopathically, during this period. The evacuations were thin, mixed with blood, accompanied by severe pains, and frequent but fruitless urging to stool. The diarrhoea awakened her every morning at 4 o'clock. She was entirely cured by nuxvomica 3. Three drops three times a day.  
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